



Meeting Report July 24, 2007

A quorum equals 9 people. A quorum was present at this meeting.

Attendance

Present

Ann Dills
Bobby Edelen
Gary Fowler
Aunsha Hall
Beth Harrison Prado
Charlie Kessinger
Michael Logsdon
Theresa Mayfield
Tim McAdoo
Bruce Mullan
Monica Smith
Robert Stone
Paul Trickle
Deborah Wade
Krista Wood

Representatives

Terry Stallion (Dr. LeBuhn)

KDPH Staff

Karin Bosh
Merinda Brown
David Clark
Michael Hambrick
Sigga Jagne
Greg Lee
Beverly Mitchell
Stephen Ulrich

Guests

Catherine Mullan
Angie Polik
Renée White

Excused

Kathleen O'Malley

Meeting Overview

David Clark, State Co-Chair welcomed everyone to the meeting. Robbie Stone, Community Co-Chair read the KHPAC ground rules.

Update on KHPAC Position – Sigga Jagne announced that an interviewee has been selected and that we are awaiting approval from the state to offer the job. This position will be filled regardless of the state hiring freeze.

Update on Needs Assessment – David said Dr. Jeff Jones' surveys are out and the deadline to get them back has been extended to August 8. Ann Dills said they had only been able to complete about 50 in two weeks. Dr. Jones should have checked with their clinic before deciding their target number of 144. Also, question #48 has no answers, throwing the rest of the numbers off on the bubble sheet. These major oversights should have been caught. Sigga said that we'll have more options for contractors next year. Debora Wade said theirs were mailed to the wrong address, delaying them for a few days. There's no way we can get 300 done. There's no good place for people to privately bubble in the response sheet, so Dr. Jones had told them

they could just circle the responses on the question booklet. This goes much faster. Deborah is also afraid about clients being surveyed more than once by different agencies (since there are no names on the surveys). Beth Harrison Prado is also concerned about duplicates. Questions were poorly written; one question's responses are labeled A, B, C, D, F. The subjects selected aren't random. Data from this may be helpful, but the bang for our buck just isn't there. To get the numbers we need to hit every single person. Ann said that Dr. Jones told them they should go ahead and survey every client instead of every-other one. Ann added that it is difficult to get the surveys completed by prevention clients because a testing site just isn't conducive. The survey takes too long. Krista Wood asked whether or not any tested the survey tool before publishing it. David said that KHPAC, as a group, had signed off on it. Recommendations offered by the group were all considered and had an impact. Ann said that it should have been translated into Spanish. Also need time to read it aloud to illiterate clients. Bobby Edelen said that some of his clients who are weak readers just bubbled in anything. He doesn't feel the data is going to be great. Deborah said that clients are survey-fatigued, but are afraid that the agency serving them will not be funded if they do not complete yet another survey. Sigga shared this concern, and said that this was one reason to combine the prevention and services assessments. Of course this makes for a long survey. David assured the group that he has had some of these conversations already with Dr. Jones, and that we really need a whole year to do this adequately. Next time we need to allow more time.

Paul Trickle said we need to look at a long-term KHPAC schedule. We are always putting ourselves under tight time constraints. We're all doing more than we used to, and we're not the full compliment of people needed for this group. KHPAC is tasking me out – I have to do much of it at home. Ann also felt there was just too much to do for KHPAC these days.

Prioritizing Populations – Greg Lee distributed the prioritization tool that has been used for the past few years by KHPAC and CPG. Karin Bosh provided the data for the tool. Greg reviewed each of the four factors for the five populations being prioritized. There was a lot of discussion about populations that do not fit into the categories used (MSM, MSM/IDU, IDU, hetero, MARP). Examples were poly-substance abusers, the transgendered (currently tossed in with MSM), and Hispanics. Greg described how the sub-group stratification of the populations helps to keep our focus on some populations that are not described behaviorally. Greg and Karin agreed to provide KHPAC with this sub-group breakdown for each of the prioritized populations by the next meeting. Of course this only helps if the information being discussed is even captured (such as race, age). We have no data for poly-substance abuse or the transgendered. Several also discussed how DEBIs (Diffusion of Effective Behavioral Interventions) just are not appropriate for so many of these unprioritized populations. Although fidelity to the core components of a DEBI is crucial for it to be effective, some talked about how they could add elements to a DEBI to make them more appropriate to the audience. Looking for alternate sources of prevention funding (like Robert Wood Johnson Foundation) for these populations was discussed. Krista wondered if we could get money to hire a

grant writer for these things. Consensus was reached to accept the prioritization of populations as discussed.

Report on HIV/AIDS and Social Work Conference – Gary Fowler attended this conference with about 500 others. It is most comprehensive on clinical and case management. He saw two presentations on rural case management. Gary held a session on how the network of care can be difficult to navigate. He recommended not attending the HPLS prior to attending this conference (as he did). Since they're back to back, it is just too many days to sit at meetings. He met with Randy Russell, who is now with Gilead and is a great resource for Kentucky. One recurring theme of the conference was that care providers need to take time for themselves. Ann and Krista both believed that this conference is important enough to be attended by a KHPAC representative annually. At least rotate if not able to add another conference. Sigga spoke about allocating some of the conference money to this SW conference.

Update on Grievance Procedure ad hoc Committee – Ann reported that she and Bruce Mullan had talked about modifying the care coordinator grievance procedure. Bruce had also given her notes today on the grievance procedure. Since this is Ann's last meeting before she moves to Texas, someone else needs to take this on. Ann said they were also going to incorporate the exit interview process. Tim McAdoo volunteered to take Ann's place on this ad hoc committee for bylaws and policies such as the grievance procedure. The three members are now Tim, Bruce and Beth. They will have at least a conference call together before our next meeting.

USCA and AALLC Conferences – the United States Conference on AIDS was discredited by several KHPAC members as being too basic and just a trade show. KHPAC agreed that it could still be beneficial for newer members. Consensus was reached to have Tim and Monica Smith look into going to the USCA (held in Palm Springs, November 7 – 10). They are to contact David with their decisions.

Members interested in attending the African American and Latino Leadership Conference were Charlie Kessinger and Michael Logsdon. Consensus was reached to allow both to attend the AALLC.

Robbie brought up another conference that would be in our best interest for KHPAC attendance ... CDC's Prevention Conference is in Atlanta December 2 – 5. Consensus was reached to send Aunsha Hall, Paul, and Tim (who will attend this conference instead of the USCA are reported above).

Membership Update – Bobby reported there are three memberships that are awaiting the governor's approval. We also have three more applications to look at next. Beth reminded the group that we're still missing Latinos and transgendered people. How are we recruiting to fill these voids? Krista emphasized that we need to look at regional representation as well. Bobby suggested that maybe we need an ad hoc committee just for recruiting the expertise we need (instead of giving applications to people who are already overloaded. Tim suggested KHPAC advertise their vacancies. Beth said that

Coming Out Day and World AIDS Day are both coming up, and these would be great venues for recruitment. Ann talked about the United Way's "Get on Board" training for volunteers to prepare them to work with boards. This could be a resource for us. We need people who can represent HIV without already being a "part of HIV society." Paul said we need to target a time when we can reach a membership total of 30. Given the timeline, David said we may need to designate a period for a membership drive. Beth thought the target date could be the Spring TA, so that the new people could attend. Paul volunteered to commit to an "each one bring one" approach. He said that he'd rather commit to bringing a new person rather than to commit to another committee. Michael Hambrick reminded us to talk about KHPAC achievements – no one want to be part of an unsuccessful body.

Aunsha moved to form an ad hoc membership committee. Seconded by Gary. Discussion: Krista asked if this committee was just for recruiting, or to also select/recommend membership. If the latter, this is an ongoing need of retention, not just recruitment. Paul called for the question. Consensus was reached to form an ad hoc membership committee. These members signed up for this committee: Tim, Charlie, Monica, Aunsha, Beth, Gary and Bobby.

Year End Report Update – Paul said that we will most likely work on the Year End Report up until August 28. He reviewed the 7 recommendations from last years' report, and which of these items should be continued in this year's report (those with an asterisk are to be included again in the 2007 Year End Report):

1	*	Increase KADAP's state funding; no legislative action taken, include again.
2	*	Guardianship for minor children; no legislative action taken, include again.
3		Increase access to HIV information; no legislative action taken. Tim said that long term care facilities are required to give out information. He will locate the regulation mandating this and send it to Paul.
4	*	Harm Reduction; no legislative action taken, include again.
5	*	HIV/AIDS continuing education – increase frequency from every 10 years, provide a two-tiered approach to these requirements, depending on the profession. No legislative action taken, include again.
6		Disease surveillance; no legislative action taken; requires only Cabinet action: Amend the KAR to include others in reporting HIV.
7	*	Media campaign; no legislative action taken, include again.

Paul outlined the new items listed for the 2007 Year End Report and discussed each. Those with an asterisk are to be included in the report.

1a		Condoms in schools – better done locally rather than legislatively.
1b	*	Condoms in corrections – Beth commented that studies show this decreases the incidence of sexual coercion.
2		Youth education programs – best done locally rather than legislatively.
3		Routing testing – Robbie thought we should have a position paper to the Cabinet on this rather than to include it in the Year End Report. Deborah

recommended we digest NASTAD's "[Report on Findings from an Assessment of Health Department Efforts to Implement HIV Screening in Health Care Settings](#)" (published 6/26/07). Robbie moved to make a KHPAC policy statement emphasizing that medical facilities can do routine HIV testing without full counseling. Deborah seconded the motion. Discussion: It's an opt out system for the patient, and an opt in system for the doctors. Question called and consensus reached to form a policy statement instead of including in the Year End Report.

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| 4 | | Reentry programs (corrections to community) – Beth reported that the Care Coordinator's Informed Participation Agreement says that inmates can reconnect with HIVCC 30 days prior to release. Paul will get some clarification on this at the HIVCC supervisory meeting tomorrow. So, we may not need much more on this if we can get more done with this 30 day window. |
| 5 | * | Senate Bill 201 – this did not pass last time due to the lack of confidentiality of test results. Our response will emphasize the need for privacy and confidentiality. Angie Polik said tests done voluntarily in corrections must be paid for by the inmate. Are there funds to pay for these tests? Paul will put this in the recommendation. |
| 6 | * | Increase funding for surveillance activities. |
| 7 | * | Support HIV and Hepatitis C initiatives for correctional facilities. |
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Krista said that even though we are excluding some of these items from the Year End Report, we should say that we are looking at local solutions. Legislators still need to know that there are concerns. Paul will pull something together regarding what we've excluded from the Report and where these items would be better addressed. He is also concerned at the possibility of a lengthy report. Krista suggested that KHPAC meet with the Health and Welfare Committee for a full review of the Report items.

TA Discussions (CDC Prioritization, Cultural Sensitivity, Reviewing HRSA Grant) – David explained that CDC TA on prioritization could not be arranged, so we may not do it, or it will be rescheduled for a later time. David discussed Cultural Sensitivity training by Mahjabeen Rafiuddin (UK). The group decided that we may do this in the future, but that we have too much to do currently. Krista suggesting having this done as a state conference activity instead of as a TA. David said that the HRSA (Ryan White) grant is due January 2008. Plus he needs at least a month within the Cabinet. This was reviewed on a very tight timeline last year, so we need to think of how we can do this differently. Think about how you would like this information presented before January. Ann asked David to give us the old grant to review first. David will get this (and the grant's guidance) out to KHPAC members for the August meeting. Sigga asked David to follow up with some training on the grant at the September meeting.

KHPAC Timeline Review – August 8 meeting is cancelled. August 28 meeting is now all day (9:30 – 4:00) at the Clifton Center. We will also meet September 25 (9:30 – 4:00) at the Clifton Center.

Parking Lot – no issues.

Meeting adjourned.